

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 28 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000081846

1. Corporation Name

EXECUSTAFF PERSONNEL, INC.

Principal Place of Business

21863 PALM GRASS DRIVE
BOCA RATON FL 33428

Mailing Address

21863 PALM GRASS DRIVE
BOCA RATON FL 33428

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

446 MAIN ST
15TH FLOOR

3. New Mailing Office Address, If Applicable

446 MAIN ST
15TH FLOOR

City & State

WORCESTER MA

City & State

WORCESTER MA

Zip

Country

USA

Zip

Country

01608

REINSTATEMENT

09

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1998

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WARD, ARTHUR P	21863 PALM GRASS DRIVE 446 MAIN ST 15 TH FLOOR	BOCA RATON FL 33428 WORCESTER, MA 016

100003087651--9
-01/04/00--01068--011
****758.75 ****758.75

8. Name and Address of Current Registered Agent

WARD, ARTHUR P
21863 PALM GRASS DRIVE
BOCA RATON FL 33428

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/22/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/99 508-756-4040

Daytime Phone #

KE